

PERSONAL FINANCIAL STATEMENT**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
8ACCOUNT #
00067717

1 NAME		TITLE; FIRST; MI Mr. Steven H. NICKNAME; LAST; SUFFIX Steve Toth	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/22/2019	
2 ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP [REDACTED] [REDACTED]	Receipt # HD / PM Amount Date Processed	
3 TELEPHONE NUMBER		AREA CODE PHONE NUMBER; EXTENSION [REDACTED]	Date Imaged	
4 REASON FOR FILING STATEMENT		<input checked="" type="checkbox"/> CANDIDATE House District 15 (INDICATE OFFICE) <input type="checkbox"/> ELECTED OFFICER (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR (INDICATE PARTY) <input type="checkbox"/> OTHER (INDICATE POSITION)		
5 Family members whose financial activity you are reporting (see instructions).				
SPOUSE _____				
DEPENDENT CHILD 1. _____ 2. _____ 3. _____				

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER My Pool Xpert ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8707 West Lane Magnolia, TX 77354 Owner POSITION HELD
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS My Pool Xpert ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8707 West Lane Magnolia, TX 77354				
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE				

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Woodforest National Bank			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR	NONE			
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	OCWEN Loan Servicing, LLC			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input checked="" type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	EverHome Mortgage			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) My Pool Xpert 3707 West Lane Magnolia, TX 77354		
2 DESCRIPTION			
3 BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Profesional Association <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	Mighty Oaks Foundation		
2 POSITION HELD	Board Member		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____		

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Mr. Steven H. Toth

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath